

Name  
in  
Full

## CERTIFICATE OF DEATH

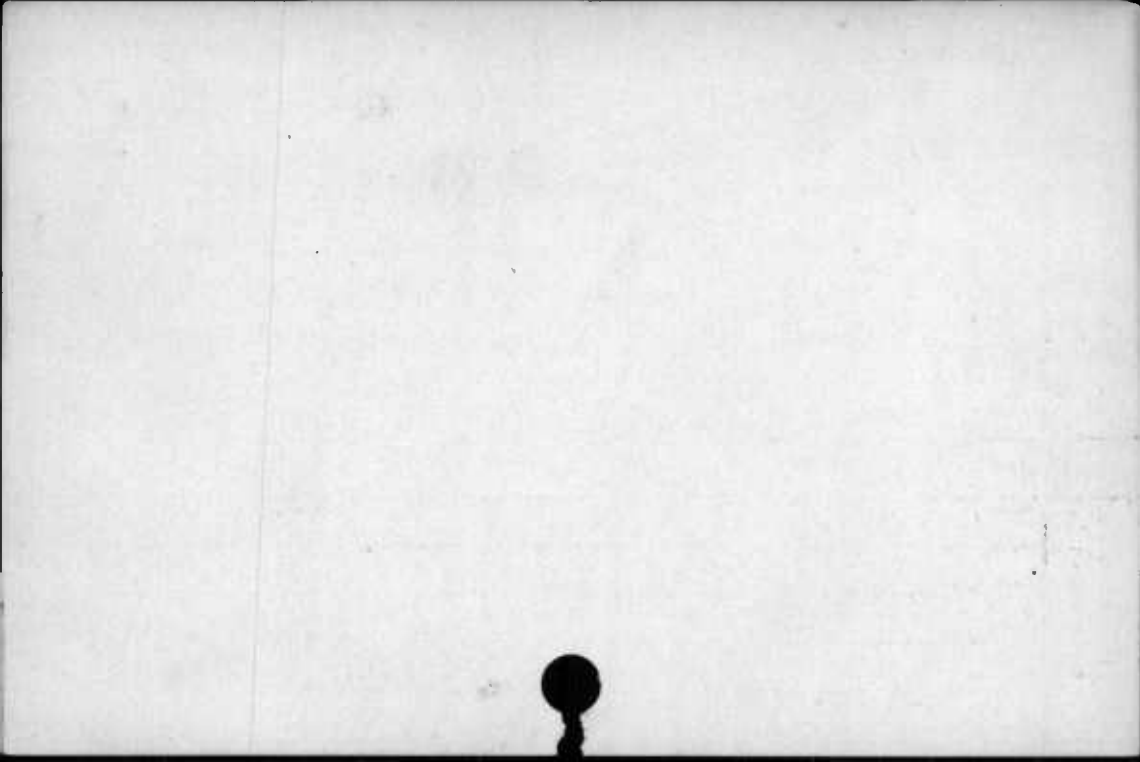
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Josephes Anderson</i>		Town <i>Bladensburg</i>		County <i>Prince George</i>		MARYLAND					
Died at		Month <i>April</i>		Day <i>15</i>		Years <i>56</i>		Months		Days	
Date of death <i>1906</i>				Age							
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>M.d.</i>							
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>[Signature]</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Louisa Gardiner</i>									
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Dont Know</i>									
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>									
Name of person giving information <i>Ely Anderson</i>		How related to deceased <i>son</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Renal Calculus</i>	How long	<i>1 week</i>
Immediate	<i>Nephritis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Hyattsville</i>	
Accident or Suicide?			



Name  
in  
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Haywood Barnard

CERTIFICATE OF DEATH

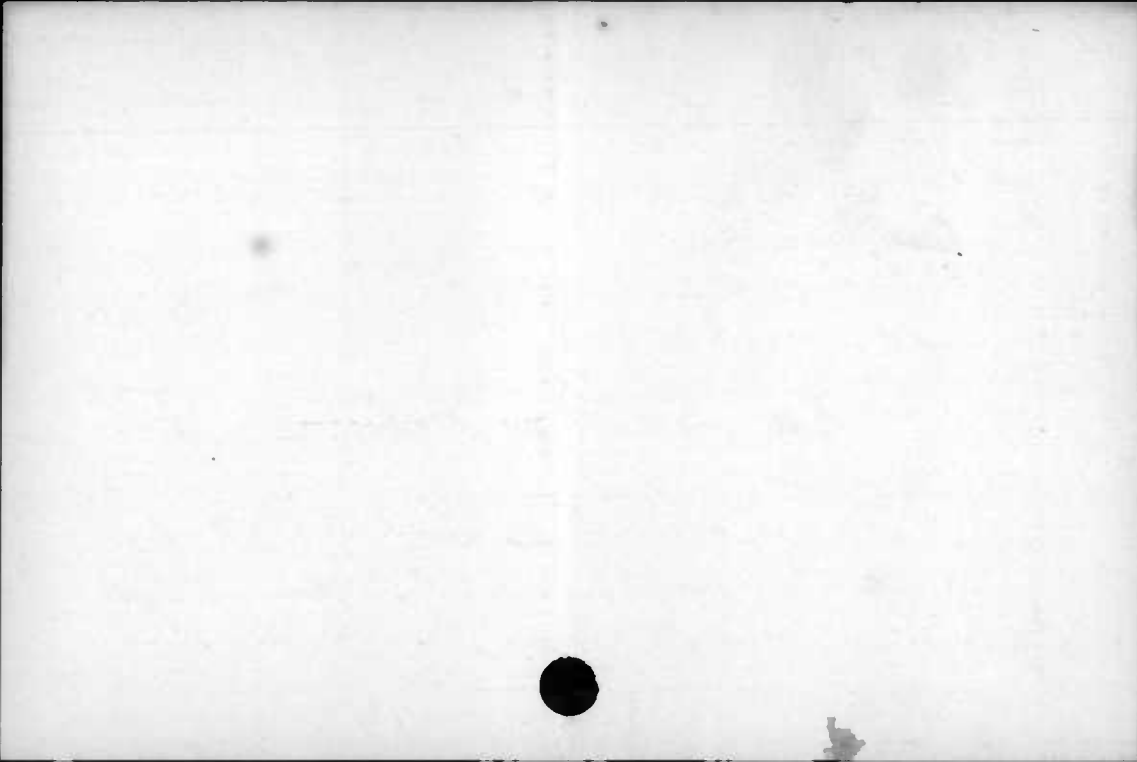
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Adenel</u> <small>Town</small>		<u>Pr. Geo</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>April</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>76</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>N.Y.</u>		
Occupation <u>Engineer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Genette Gibson</u>				
Father's Name <u>John Barnard</u>	Father's Birthplace <u>N.Y.</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>N.Y.</u>				
Name of person giving information <u>Ebenezer Pinkney Barnard</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Valvular disease of Heart.</u>	How long <u>1 yr.</u>
Immediate <u>Apoplexy</u>	How long <u>at fun. hrs.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. S. Brown</u>
<u>Yes.</u>	Address
Accident or Suicide?	



Annie K. Brook

Died at *New Glatz* Town *Prince Geo.* County **MARYLAND**

Date 1896 *Apr. 18* Month *Apr.* Day *18* Age *25* Y. M. D. Native of *Maryland* Occupation *none*

~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female ~~Colored~~ Single Widower Number of children living *—*

Husband of

Wife

Father's Name *Dr. M. L. Brook*

Mother's Name *Etta Brook*

Cause of Death { Primary *Consumption*  
 Immediate *Asphyxia*

*27*

How long sick

*1 year*

Accident, Suicide, Homicide

Reported by

Address

*J. M. Parker M.D.*  
*New Glatz Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hughes Incl  
13 + 8 R R

Name  
in  
Full

Augusta M Brudin

CERTIFICATE OF DEATH

Died at

Mt Rainier

Town

Prince George

County

MARYLAND

Date

of death 1906 April

Month

Day

13

Age

Years

39

Months

5

Days

24

Sex

Female

Color or  
Race

white

Birth-  
place

Sweden

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

John F Brudin

Father's  
Name

David Stalhovdske

Father's  
Birthplace

Sweden

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Sweden

Name of person giving  
In formation

John F Brudin

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. J. H. Hatterman  
Hagerstown  
Md

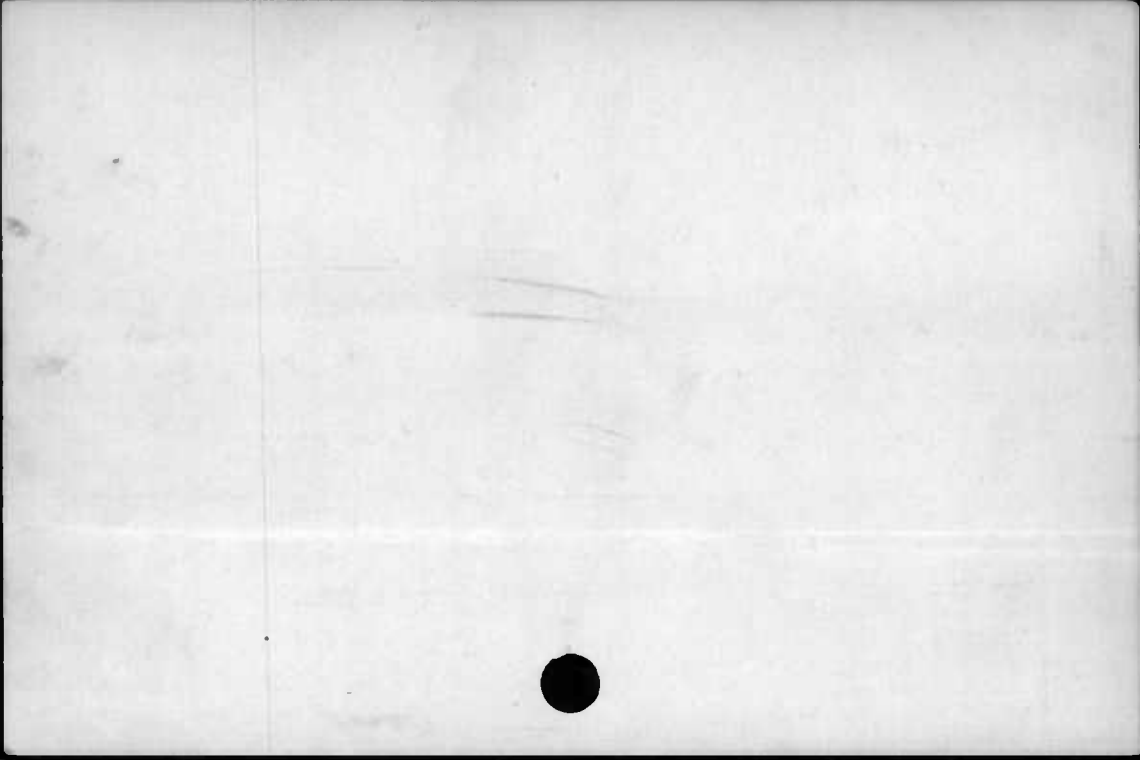
Address

Accident or Suicide?

Neither

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Ray Burley		Prince Geo.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906 Apr		3	3			13	
Sex	girl	Color or Race	black	Birth-place	Md		
Occupation	Maam		Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Harry Burley		Father's Birthplace		Md		
Mother's Maiden Name	Mary Fallow		Mother's Birthplace		Md		
Name of person giving information	John Snowden		How related to deceased		nephew		

## CAUSES OF DEATH

Primary	Eclampsia	How long	2 days
Immediate	Exhaustion	How long	7
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. F. Taylor
		Address	Laurel Md
Accident or Suicide?			(over)

PHYSICIAN  
OR CORONER

not reg. at 5.

Name  
in  
Full

Charles Chase

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Preakness</i> <sup>Town</sup>		<i>P. G.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>4</i> <sup>Month</sup>	<i>8</i> <sup>Day</sup>	Age <i>60</i>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Aletha Chase</i>				
Father's Name			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Danl. Chase</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	<i>(66)</i>	How long <i>4 or 5 yrs</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John A. Cox</i>	
	Address <i>213 Ind.</i>	
Accident or Suicide?		



Name  
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Full

Elizabeth F Cross

## CERTIFICATE OF DEATH

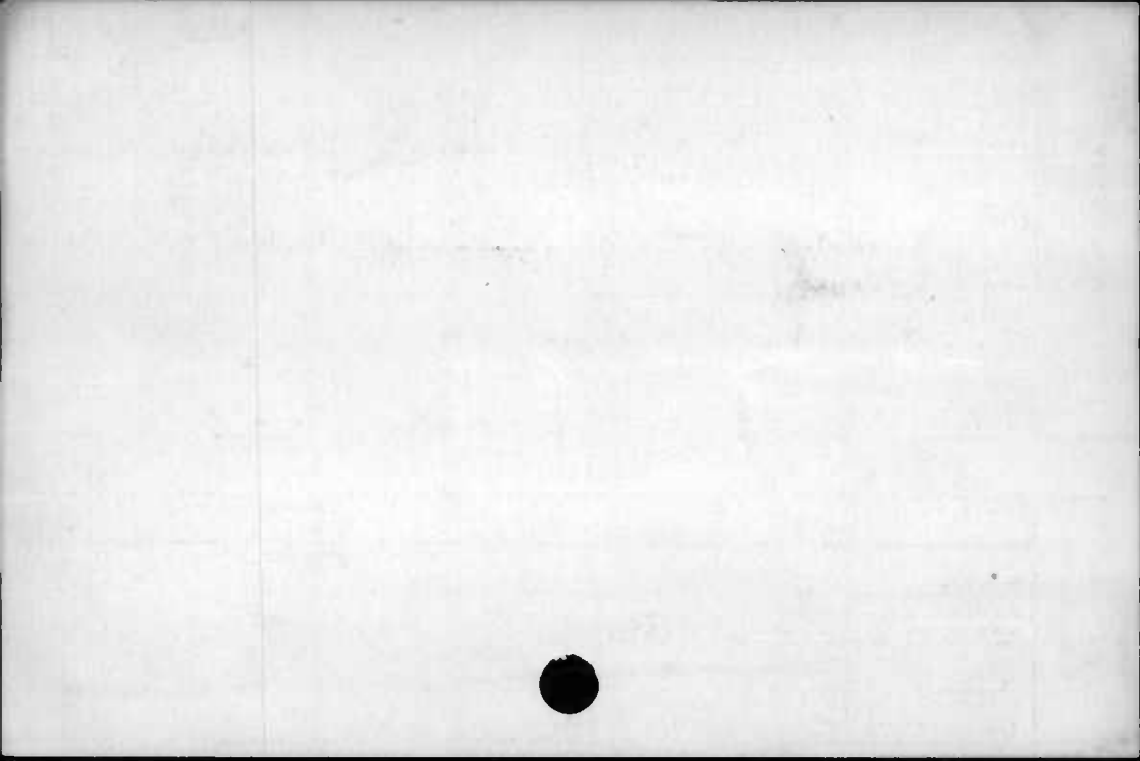
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Locust Grove</i> <sup>Town</sup>		<i>P. Ganges</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>16th</i>	Age <i>86</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>P. Co Md.</i>		
Occupation <i>Lady</i>	Where Residing if not at place of death <i>Locust Grove</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Lieut. Cross of U.S. Navy</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Cecilia Cross</i>	Mother's Birthplace <i>P. Co Md.</i>				
Name of person giving information <i>F. C. D. Wall</i>	How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

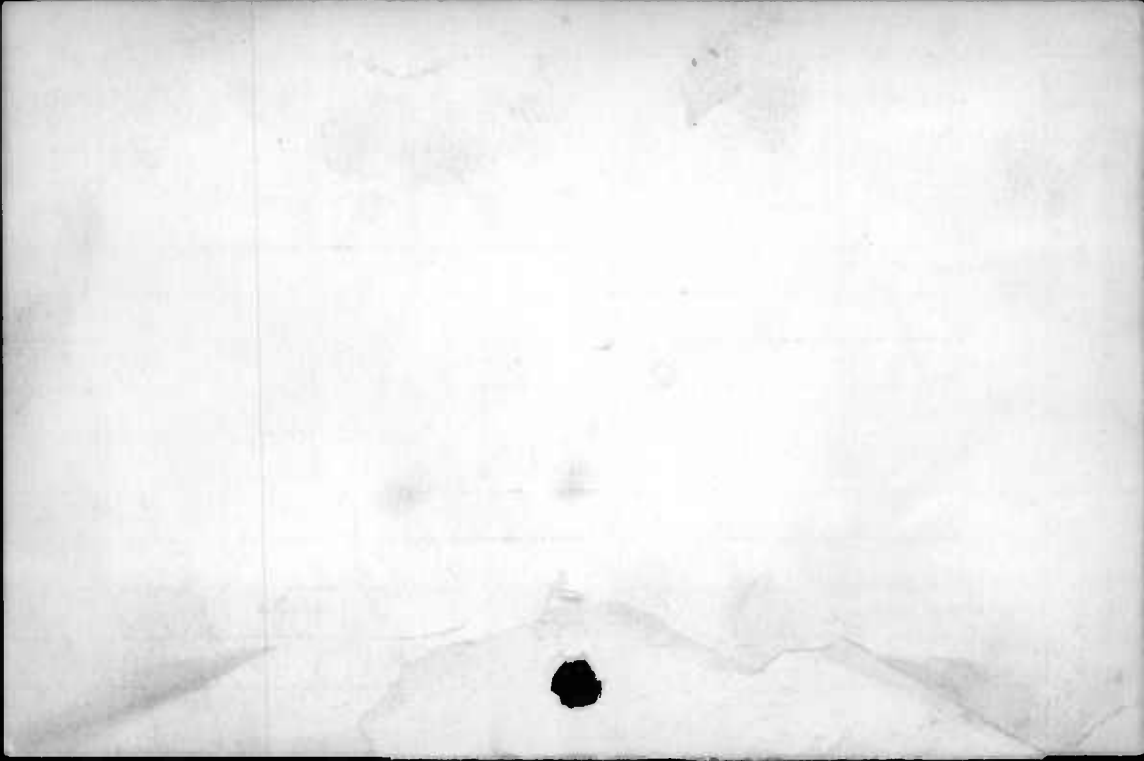
PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>Three days</i>
Immediate <i>Cardiac Asthenia</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. D. Wall M.D.</i>	Address <i>Springfield Md.</i>
Accident or Suicide?		



Name in Full		Samuel Crowder				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Patchee</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND							
		Date of death	<u>1906</u>	Month	<u>4</u>	Day	<u>6</u>	Age	Years	<u>9</u>	Months	<u>9</u>	Days
		Sex	<u>Male</u>		Color or Race	<u>Colored</u>		Birth-place	<u>Md</u>				
		Occupation	<u>None</u>				Where Residing if not at place of death				<u>—</u>		
		Married, Single	<u>Single</u>		Name of Wife or Husband		<u>—</u>						
		Father's Name	<u>Simon Crowder</u>						Father's Birthplace	<u>Md</u>			
Mother's Maiden Name	<u>Lizzie Gross</u>						Mother's Birthplace	<u>Md.</u>					
Name of person giving Information	<u>Simon Crowder</u>						How related to deceased	<u>Father.</u>					

		CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	<u>Acute Pneumonia</u> <b>(93)</b>		How long	<u>10 days</u>	
	Immediate	<u>Pulmonary Engorgement</u>		How long	<u>24 hours</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician	<u>John E. Samsbury</u>
					Address	<u>Forestville</u>
Accident or Suicide?		<u>Neither</u>		<u>Relies Md</u>		





Name  
in  
Full

CERTIFICATE OF DEATH

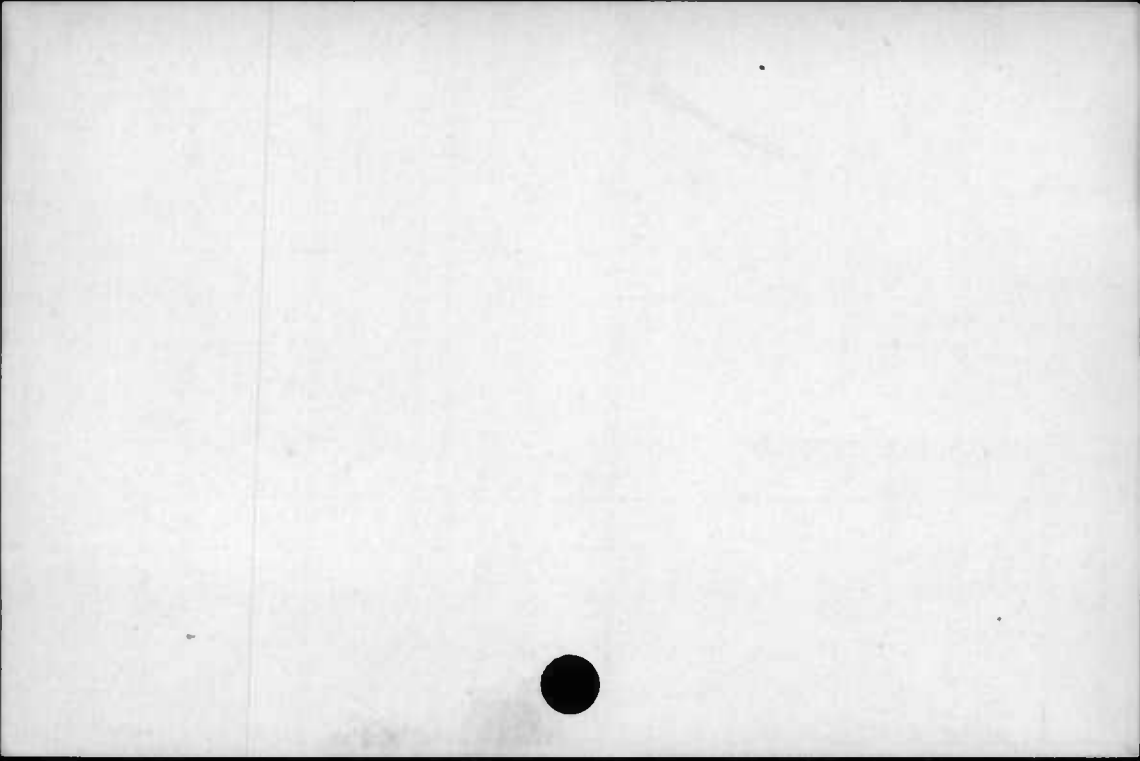
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cheltenham</i> Town		<i>Pa</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>12</i>	Age <i>74</i>	Years <i>74</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Curran Custer</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>John Booz</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>6 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Crown md</i>
Accident or Suicide?	



Name  
in  
Full

William Davis

CERTIFICATE OF DEATH

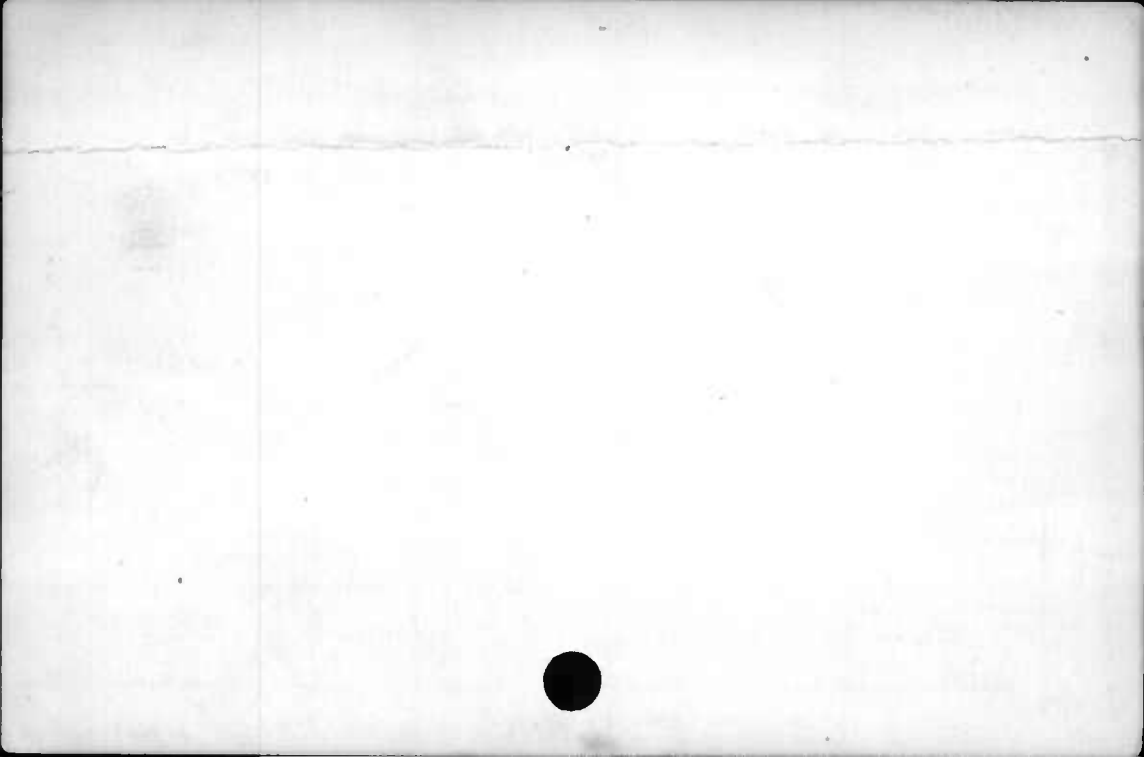
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forestville</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>13</i>	Age <i>33</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>md.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Dent.</i>			
Father's Name <i>not known</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Frank Dent</i>			How related to deceased <i>Father-in-law</i>		

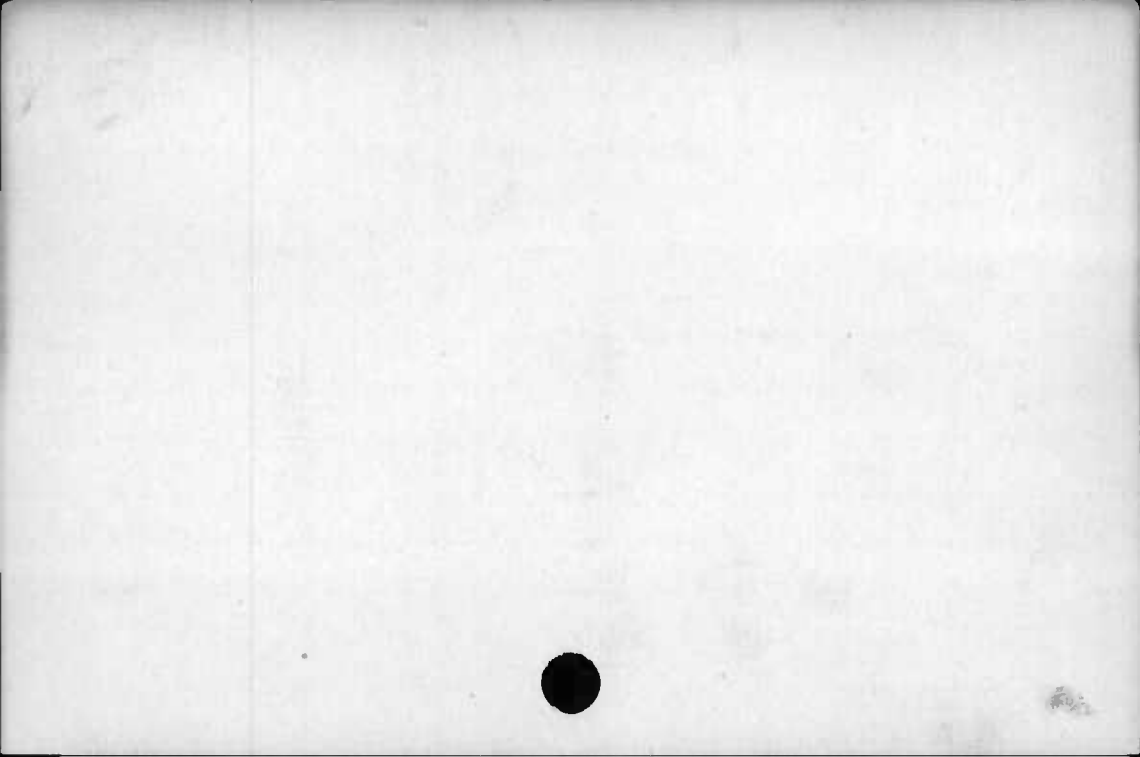
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sciatic Neuritis</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Ernest Magnuchen</i>
	Address <i>J. E. Saushy &amp; Co. Forestville Md.</i>
Accident or Suicide? <i>neither.</i>	



Name in Full		Daniel Diggs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Marbletown		County	
		Date of death		1906		Maryland	
		Month		7		Days	
		Day		21		Years	
		Age		17		Months	
Sex		Male		Color or Race		Colored	
Birth- place		Marbletown		Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name		Mary Lamb		Mother's Birthplace		Maryland	
Name of person giving In formation		Henry Diggs		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Pneumonia (acute)		How long	
		Immediate		Same		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		Riverside St Marbletown Md		Address	
		Accident or Suicide?		No		Address	



Name  
in  
Full

Robert T. Diggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Marlboro* Town*P. Geo* CountyDate  
of death *1906*Month  
*4*Day  
*21*Age  
*28* Years

Months

Days

Sex *Male*Color or  
Race *Colored*Birth-  
place *Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *Pat. Diggs*Father's  
Birthplace *Md*Mother's  
Maiden Name *Louisa West*Mother's  
Birthplace *Md*Name of person giving  
In formation *Pat. Diggs*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *Pneumonia*

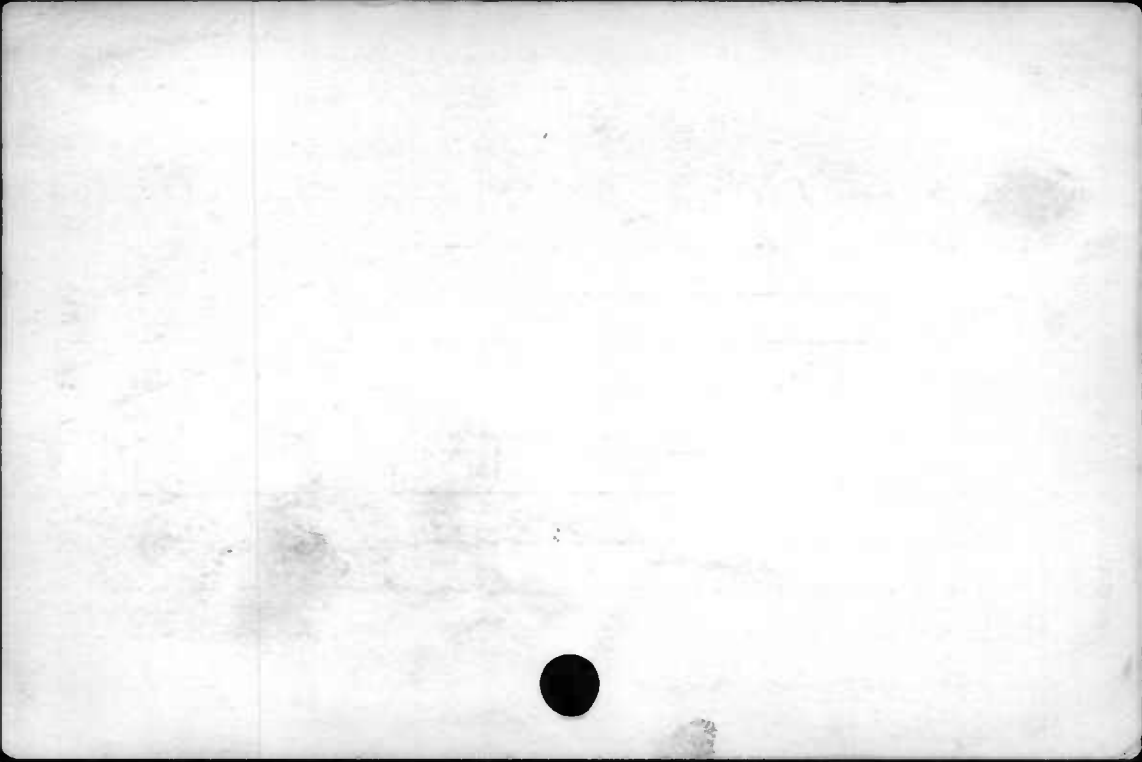
(93)

How long *6 days*Immediate *Cerebro. spinal Meningitis*How long *2 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Reverdy Sasser*

Address

*Upper Marlboro**Maryland*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

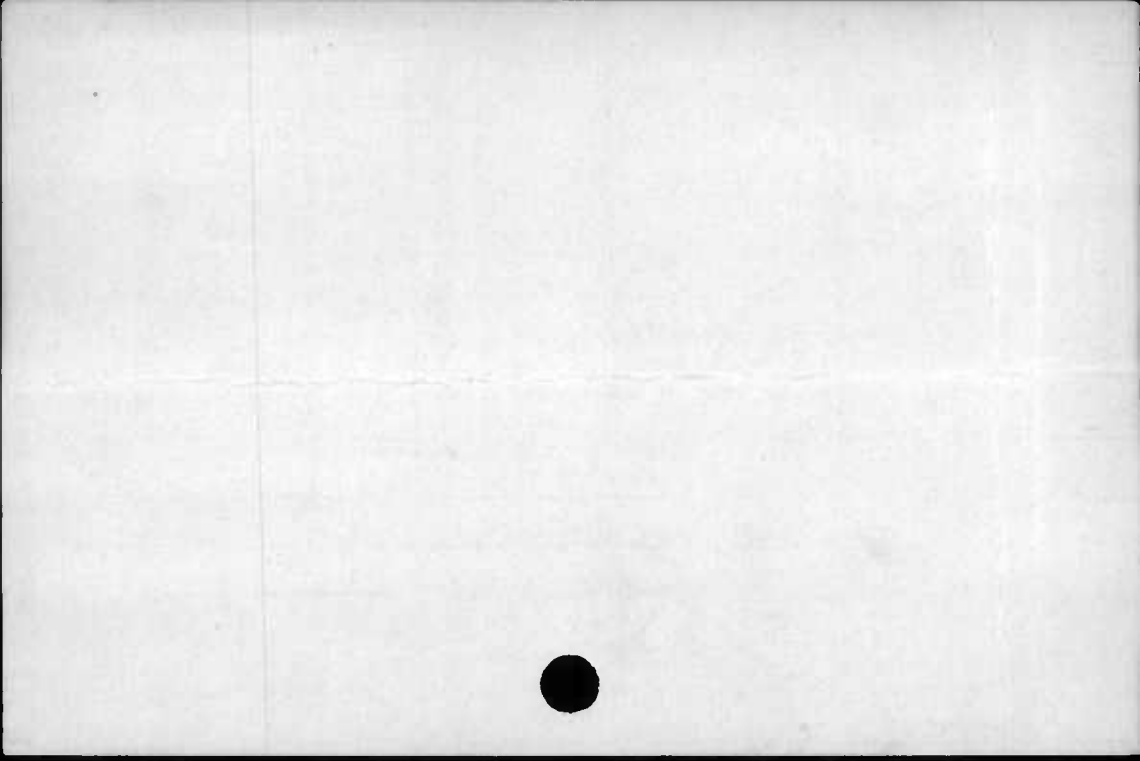
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Abbeville</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	1906	Month	April	Day	8
Age	60	Years		Months	6
				Days	14
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>md</i>
Occupation	<i>Laborman</i>	Where Residing if not at place of death <i>Abbeville</i>			
Married, <del>Single</del> or Widowed		Name of Wife or Husband	<i>Olga French</i>		
Father's Name	<i>William French</i>			Father's Birthplace	<i>New York</i>
Mother's Maiden Name	<i>Mary Willson</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Miss Fannie French</i>			How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>about 18 years</i>
Immediate	" "	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>6 a Hx</i>
Accident or Suicide?		Address	<i>Bethesda</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth Juanita Hall

Died at

Silver Hill

Town

Rex

County

MARYLAND

Date

of death

APR 10 1906

Day

Age

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Occupation

Housework

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of  
Husband

Arthur Hall

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

Arthur Hall

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Emaciation + Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

E. D. Simpson M.D.  
Rochester, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Certificate of Death			
Patrick Harris		Prince Geo.			
Died at Hyattsville		County Prince Geo.			
Date of death 1906		Month April		Day 8	
Age 71		Years 71		Months -	
Sex male		Color or Race colored		Birth-place M. D.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Jane Harris			
Father's Name		Don't know			
Mother's Maiden Name		n n			
Name of person giving information		John Harris			
How related to deceased		son			
CAUSES OF DEATH					
Primary		Lax Grippe		How long	
Immediate		Inanition		Since July 11-1906	
Are the name, age, sex, color, date and place correctly given above?		yes		How long	
Signature of Physician		Joseph N. Gardner M.D.		About three days	
Address		Hyattsville Md.			
Accident or Suicide?		No			

Coudry J. M.

Funeral from St. James Church

Hyattsville Md. at 10 O'clock

Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth Hawkins

MARYLAND

Died at

Broad Creek

Pr. Geo.

Date

of death

1906

Month

4

Day

29

Age

34

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Md

Occupation

House

Where Residing if not  
at place of death

—

~~Married~~ Single☒ WidowedName of Wife or  
HusbandFather's  
Name

Francis Newton

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary

Mother's  
Birthplace

Md

Name of person giving  
Information

Alfie Newton

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Consumption

How long

6 mo

Immediate

Emaciation Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

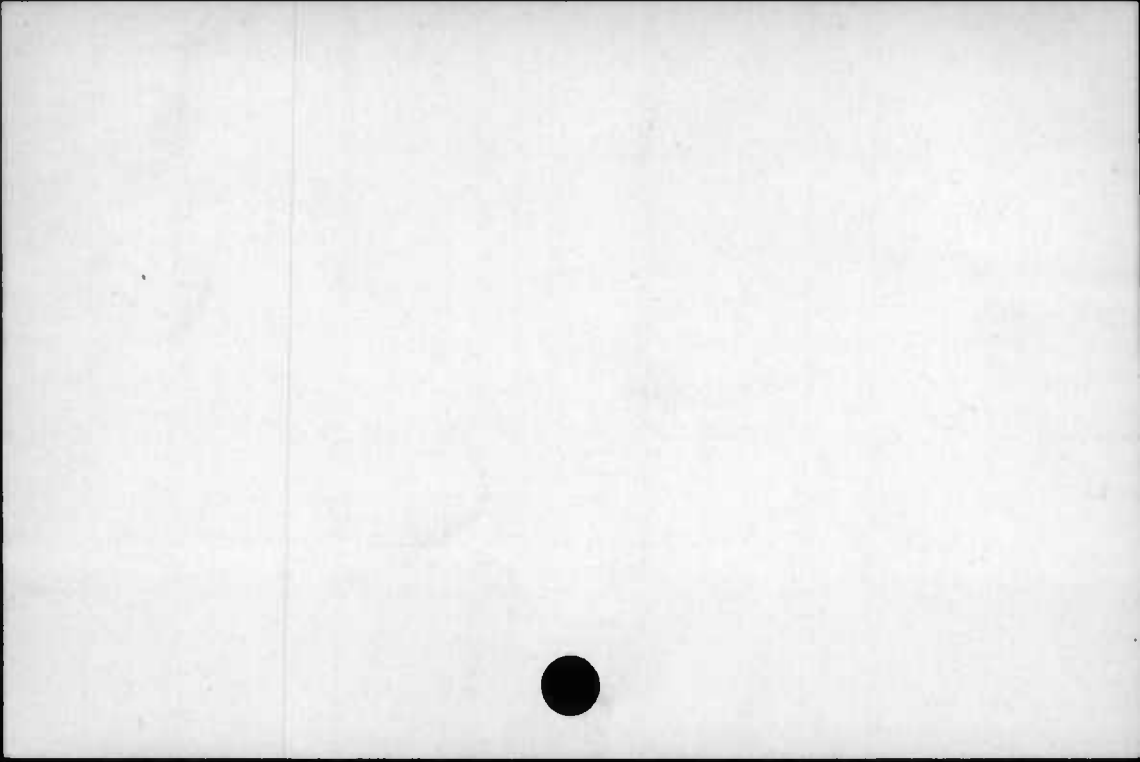
E. P. Simpson, M.D.

Address

Rosecroft, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Samuel Hawkins

Died at <i>Shunde</i>		Town <i>P. G.</i>		County		MARYLAND	
Date of death	1906	Month	April	Day	19	Age	25
Sex	Male	Color or Race	Colored	Birth-place	P. G. G. Md.		
Occupation	Driver			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	George Hawkins				Father's Birthplace		
Mother's Maiden Name	Isabella Snowden				Mother's Birthplace		
Name of person giving information	George Williams				How related to deceased		
				P. G. G. Md.			
				P. G. G. Md.			
				Nathan Low			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Griffa</i>	How long	<i>10</i>
Immediate	<i>Asphyxia</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Wm. B. Small M.D.</i>	
		<i>Springfield Md.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Boozie Hicks

Town

County

near T. D.

Prince George

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

4

3

Age

2

Sex

Male

Color or  
Race

Colored

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William Hicks

Father's  
Birthplace

Mother's  
Maiden Name

Eliza Boyd

Mother's  
Birthplace

Pr. Geo. Co. Md.

Name of person giving  
In formation

Samuel Boyd

How related  
to deceased

Uncle.

CAUSES OF DEATH

Primary

Tuberculosis

How long

1 yr.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

E. D. Lutt M.D.

Frederick

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bessie Holland

## CERTIFICATE OF DEATH

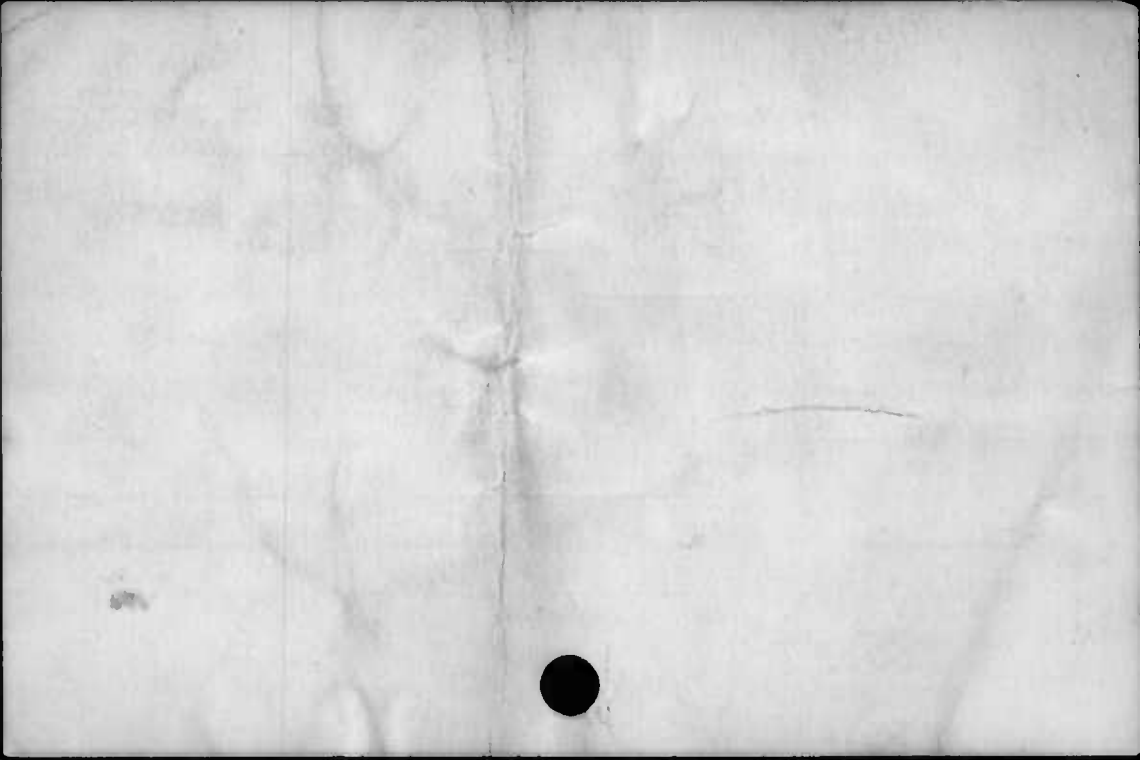
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tuxedo</i> Town		<i>Pr Geo</i> County		MARYLAND	
Date of death	190 <i>6</i>	Month <i>April</i>	Day <i>27</i>	Age <i>19-9mo 27dy</i>	Months <i>July</i> Days <i>Friday</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Tuxedo Md.</i>		
Occupation <i>house work</i>	Where Residing if not at place of death <i>Tuxedo Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unmarried</i>				
Father's Name <i>Richard Holland</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Lemima <del>Holland</del> Turner</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mamie McDonald</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. G. Willis</i>
	Address <i>Lyattsville Md.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

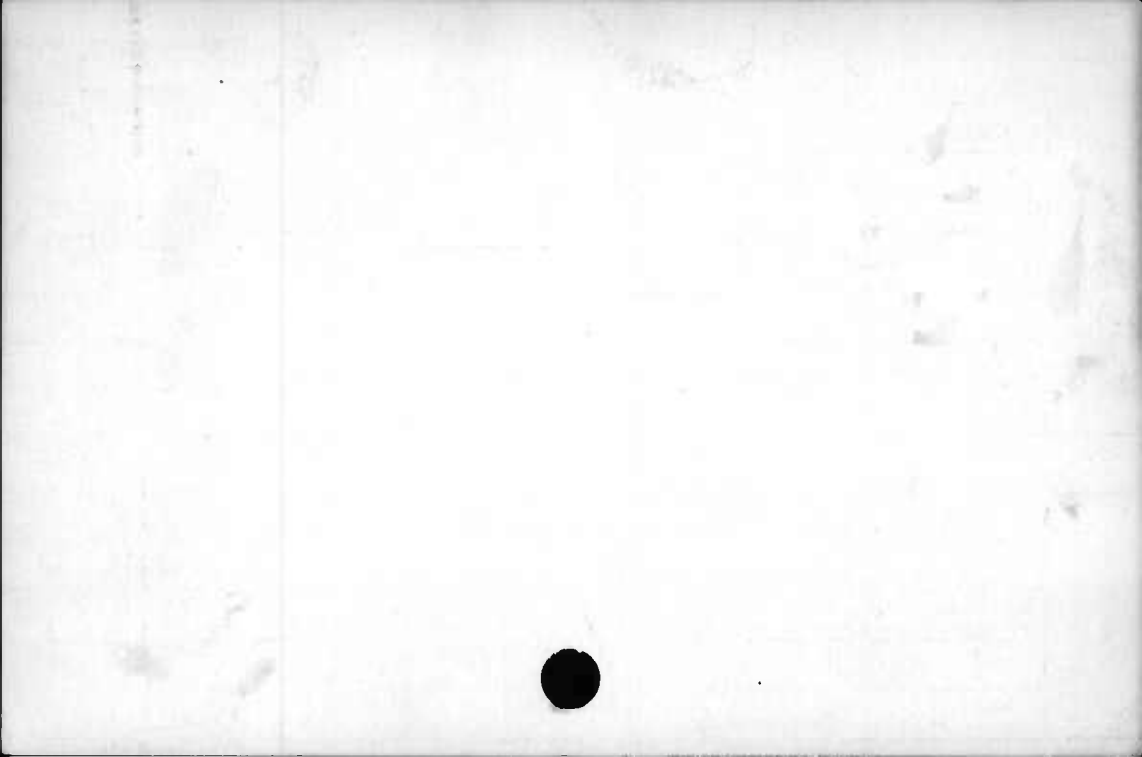
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Largo</i> <sup>3</sup> Town		<i>Prince George</i> <sup>4</sup> County		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>16</i>	Age <i>7</i> Years <i>3:5</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, <del>Single</del> <i>Married</i>	Name of Wife <i>Sarah Hutchinson</i>				
Father's Name <i>James Hutchinson</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>—</i>				
Name of person giving Information <i>Eugene Windsor</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysphoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Putrefaction</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Eansbury</i>
	Address <i>Forestville P. O. Co Md.</i>
Accident or Suicide? <i>neither</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

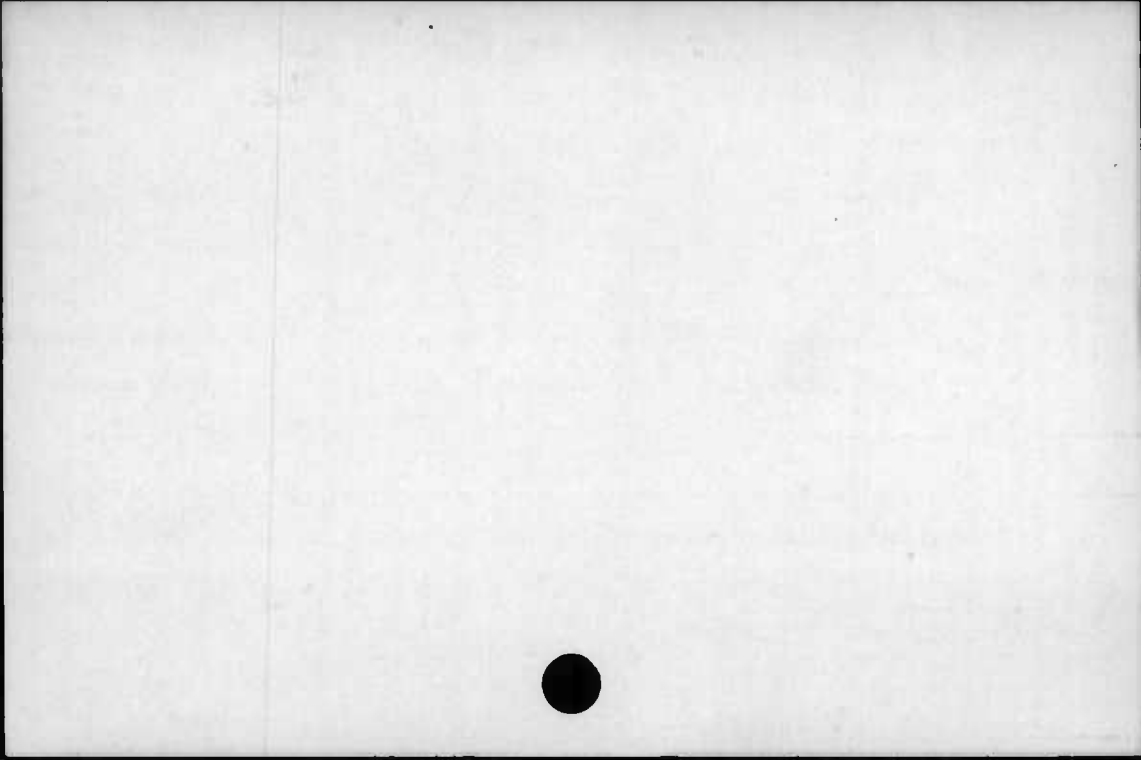
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Clinton</i> <sup>Town</sup>		<i>Pr. Geo</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>8</i>	Age <i>60</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Horn dealer</i>		Where Residing if not at place of death <i>Washington DC</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Wm A Jarboe</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Elizabeth Fowler</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>W. E. Mudd</i>		How related to deceased <i>rephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Self-inflicted wound in neck causing</i>	How long
Immediate <i>Hemorrhage from Carotid artery</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Coz</i>
	Address <i>J.B.</i>
Accident or Suicide? <i>Suicide</i>	<i>Md</i>



Name  
in  
Full

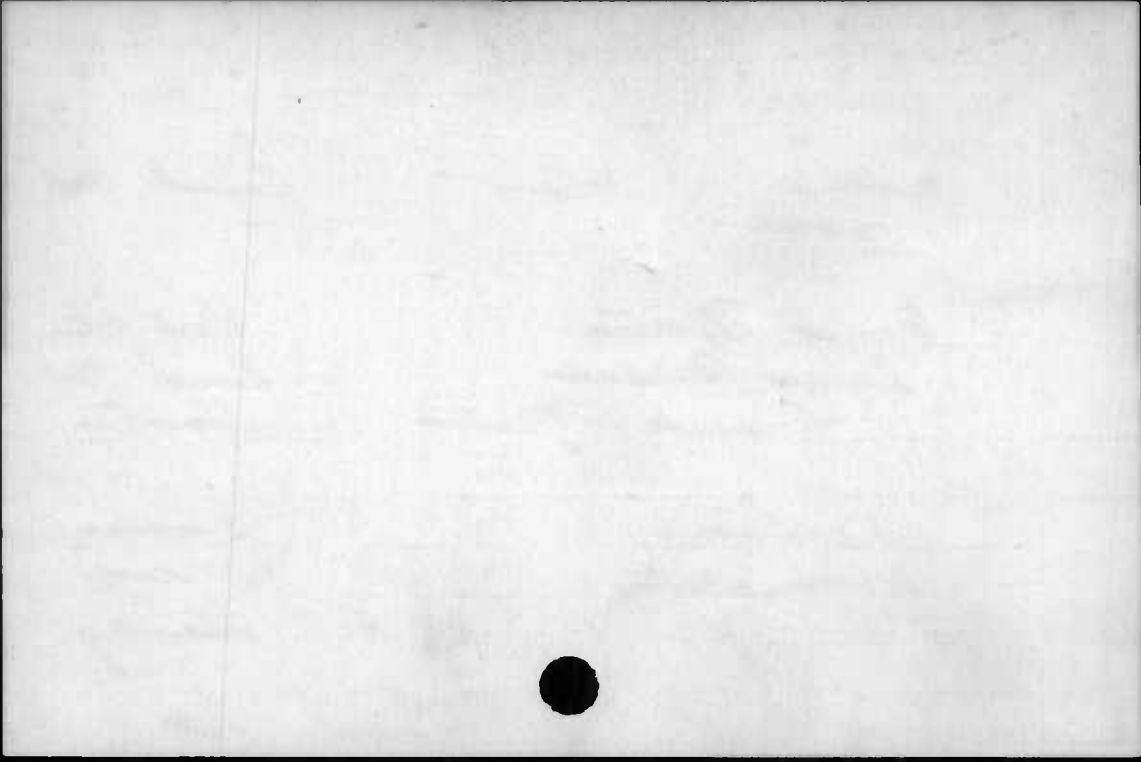
William Lawrence Kendrick

## CERTIFICATE OF DEATH

Died at		Bladensburg		A. Geo.		Maryland	
Date of death		1906	Month 4	Day 3	Age	Months 9	Days 7
Sex		Male		Color or Race		Colored	
Occupation				Where Residing if not at place of death		Bladensburg	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		William Kendrick		Father's Birthplace		Tennessee	
Mother's Maiden Name		Lucy Dock		Mother's Birthplace		Bladensburg	
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Spinal Meningitis (61)	How long	3 weeks
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		Isaac W. Hatcher M.D.	
Address		Hyattsville		md
Accident or Suicide?		Neither		



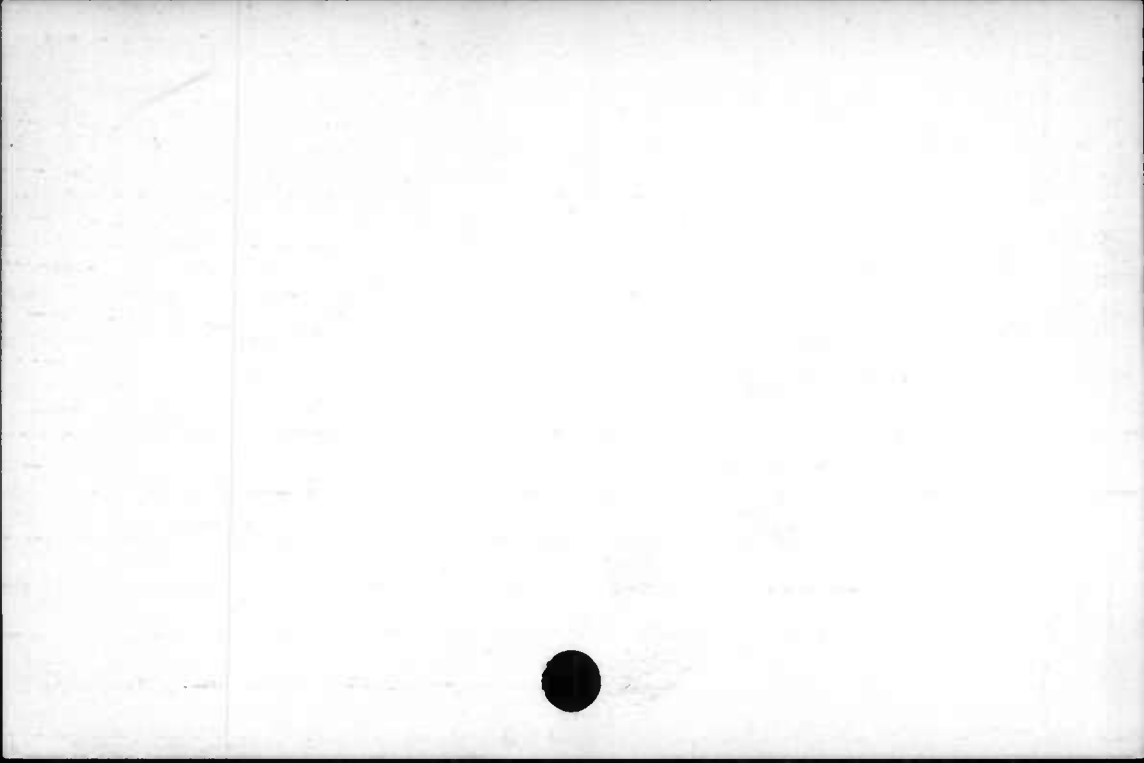
Name in Full		Pierce Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Laurel	County Prince George		MARYLAND	
	Date of death	1906	Month 4	Day 8	Age —	Months 10	Days —
	Sex	male		Color or Race	white		Birth-place Laurel, Md
	Occupation	none			Where Residing If not at place of death —		
	Married, Single or Widowed	—		Name of Wife or Husband —			
	Father's Name	Frank Martin				Father's Birthplace	Wash. D.C.
Mother's Maiden Name	Laura Baldwin				Mother's Birthplace	Laurel, Md	
Name of person giving information	Frank Martin				How related to deceased	father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pertussis			How long	2 weeks	
	Immediate	Bronchitis			How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Dr R. C. Harvey		
	Address			Laurel, Md			
Accident or Suicide?							

11/11/11

11/11/11



Name in Full		Mary Celeste Medley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Yes.				Address		
		Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brookbeck</i> <sup>Town</sup>		<i>Pt. George</i> <sup>County</sup>			
Date of death <i>1906</i>	Month <i>4</i>	Day <i>1</i>	Years <i>24</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Brandywine, Md.</i>		
Occupation <i>Housewife</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Newman</i>				
Father's Name <i>James Marshall</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Dent</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Robt. Newman</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not known, dead when I reached</i>	How long
Immediate <i>The home.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Halley</i>
	Address <i>Brookbeck Ind</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Jeremiah Nubey  
 Died at <sup>Town</sup> Cran Hill <sup>County</sup> Prince Lee

MARYLAND

Date 1906 <sup>Month</sup> Apr. <sup>Day</sup> 211 <sup>Y.</sup> Age 90 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Virginia <sup>Occupation</sup> Farmer  
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 10

Husband of Mary Nubey  
~~Wife~~

Father's Name Mother's Maiden Name

Cause of Death { Primary Senile debility (64) How long sick 1 day  
 Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by Geo. M. Parker M.D.

Address New Blatz M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph R. Parrell*  
Town *Woodmore* County *W. Va.* *4/16/VII*

Died at *Woodmore* *W. Va.* **MARYLAND**

Date of death *1906* Month *April* Day *22* Age *21* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *P. G. Ind.*

Occupation *Harbor Hand* Where Residing If not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Edward Parrell* Father's Birthplace *P. G. Ind.*

Mother's Maiden Name *Marguerite Herbert* Mother's Birthplace *P. G. Ind.*

Name of person giving information *Edward Herbert* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

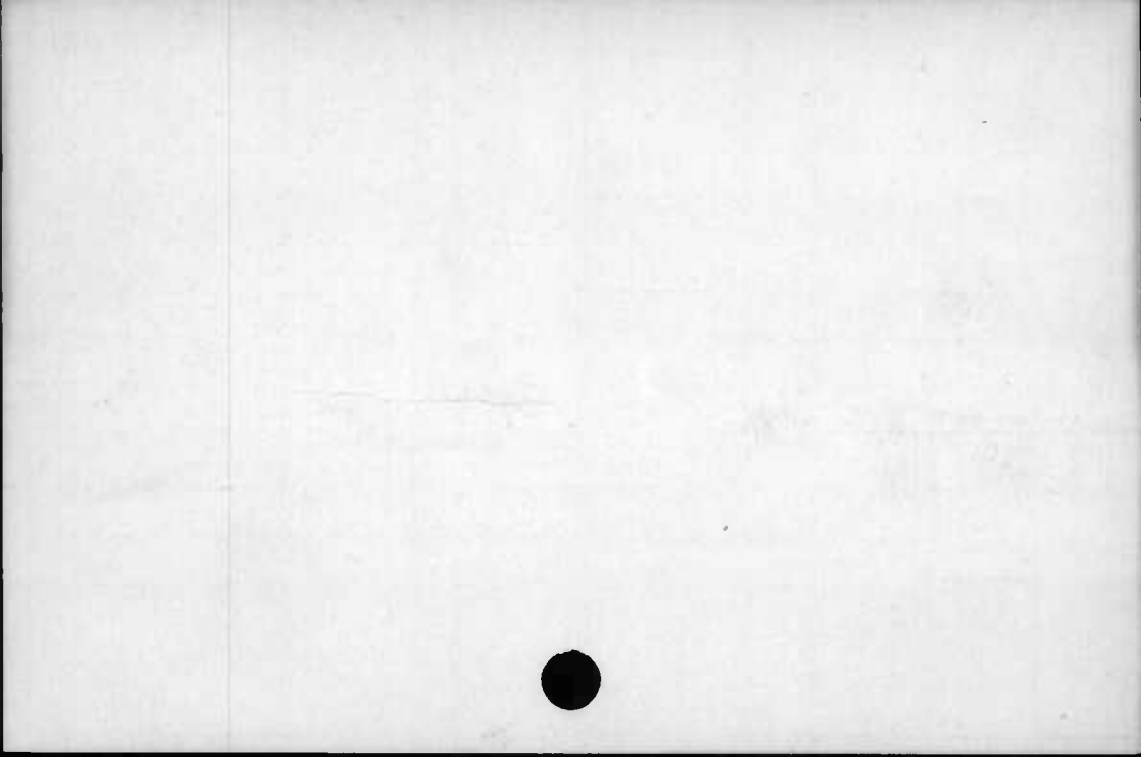
Primary *Guns shot* *(176)* How long

Immediate *Corporal Spencer* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. M. D. Parrell M.D.*

*Homicidal* Address *Springfield Ind.*

Accident or Suicide?



Name  
in  
Full

Ann Green

## CERTIFICATE OF DEATH

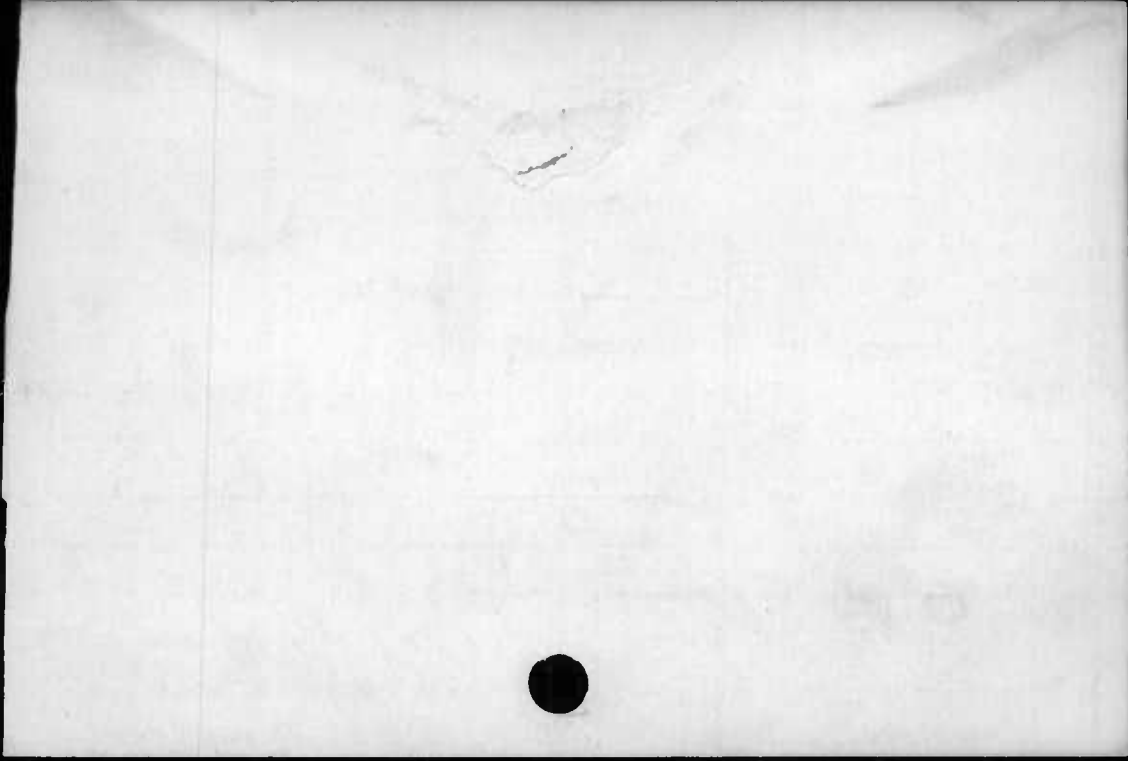
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ches. Junction</i>		Town		<i>P. George</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Apr.</i>		Day <i>4</i>		Age <i>45</i>		Years Months Days	
Sex <i>Female</i>		Color or Race <i>Cobored</i>		Birth-place <i>Ind.</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death</i>							
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <i>Robert Green</i>							
Father's Name <i>Henry Fletcher</i>		Father's Birthplace <i>Ind.</i>							
Mother's Maiden Name		Mother's Birthplace <i>Ind.</i>							
Name of person giving information <i>Eliza Horrid</i>		(21)		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>
	Address <i>Birmingham, Ala.</i>
Accident or Suicide?	





Name  
In  
Full

*George W. Reear*

CERTIFICATE OF DEATH

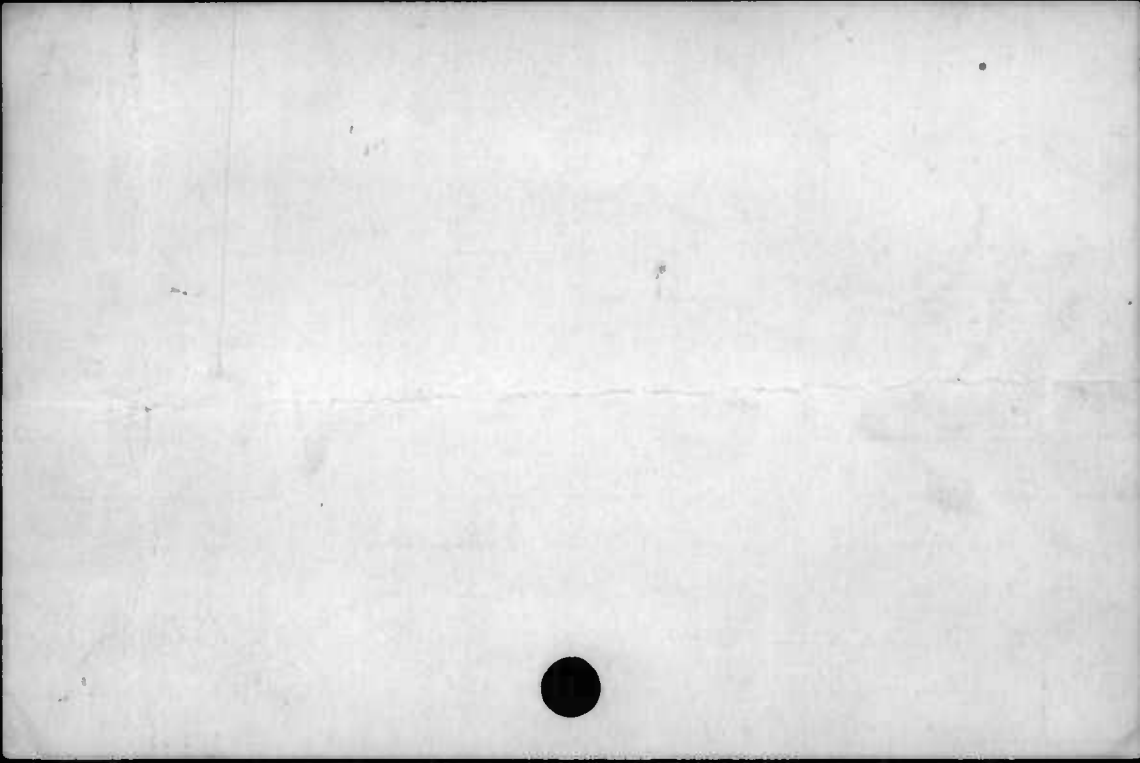
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near College Park</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death	1906	Month	April	Day	11	Years	Age 62
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>1</i> Days <i>11</i>	
Occupation <i>Nothing - Blind man</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>A. J. Reear</i>		Father's Birthplace <i>Texas</i>		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px;">10</div>			
Mother's Maiden Name <i>Mary Hays</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>William Daniels</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Toxic influence - Acute Indigestion</i>	How long
Immediate <i>Dissolving of brain on heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. O. Eversfield M.D.</i>
	Address <i>College Park Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Unnamy Ridgely

CERTIFICATE OF DEATH

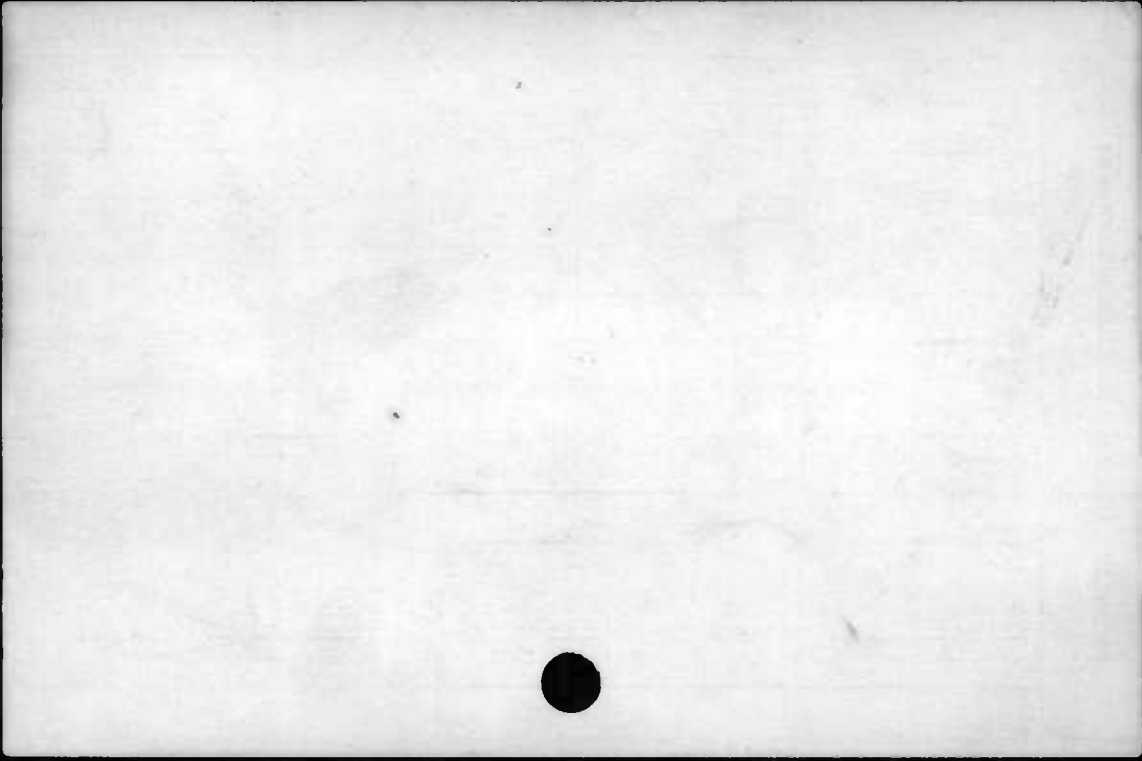
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Laurel</u> <sup>Town</sup>		<u>Prima</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Month</sup>	<u>Apr.</u> <sup>Day</sup>	<u>30</u> <sup>Age</sup>	<u>24</u> <sup>Years</sup>	<u>Still born</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Laurel</u>		Where Residing if not at place of death <u>—</u>	
Occupation <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Thos. Ridgely</u>	Father's Birthplace <u>Blund. Horw?</u>				
Mother's Maiden Name <u>Mary Ridgely</u>	Mother's Birthplace <u>Laurel Md</u>				
Name of person giving information <u>J. H. Ryer</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still born</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Ryer</u>
	Address <u>Laurel Md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

William Shaw

## CERTIFICATE OF DEATH

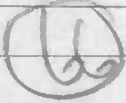

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Woodmore</i> <small>Town</small>		<i>P. George</i> <small>County</small>			
Date of death	<i>1906 Apr.</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>5-9</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Woodmore</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Reason Shaw</i>	Father's Birthplace <i>P. H. Ind.</i>				
Mother's Maiden Name <i>Elizabeth Peall</i>	Mother's Birthplace <i>P. H. Ind.</i>				
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>		How long <i>2 years</i>
Immediate <i>convulsions</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>	Address <i>Bermin, D. C.</i>
		
Accident or Suicide?		



Name  
in  
Full

E. Lora A. Shorter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

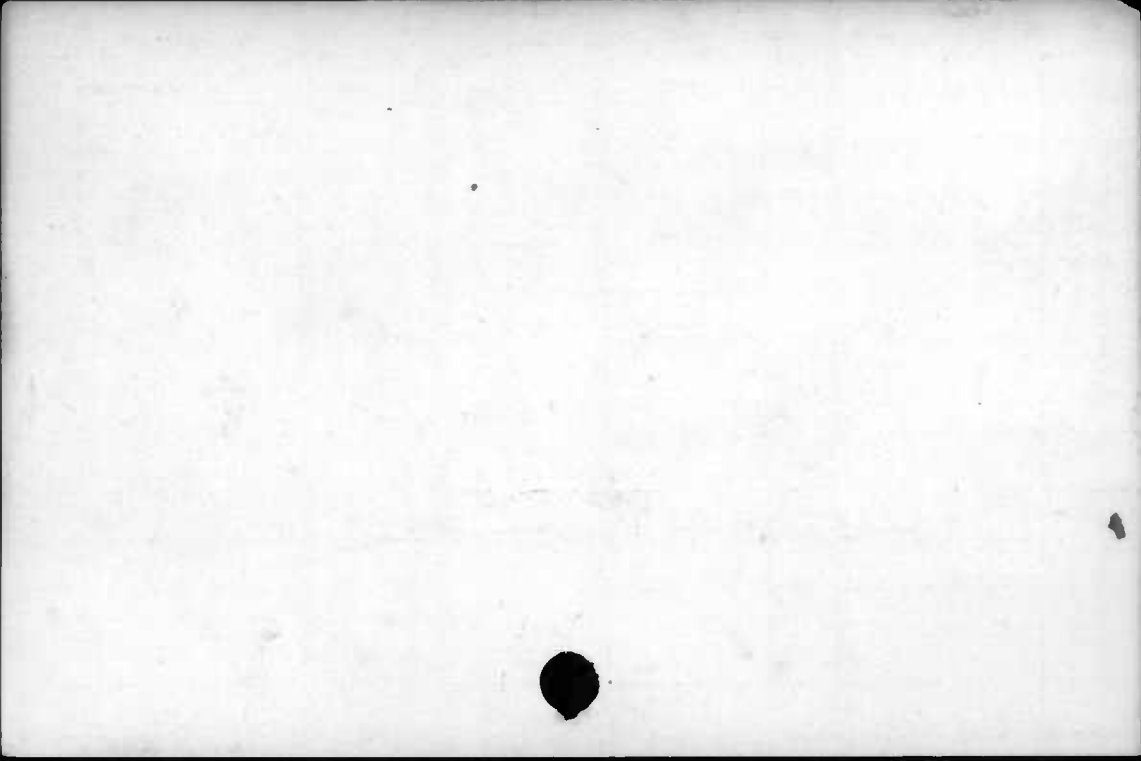
MARYLAND

Died <del>when</del> <sup>Town</sup> <i>Piscataway</i>		<sup>County</sup> <i>Prince George</i>			
Date of death <i>1906</i>	Month <i>4</i>	Day <i>11</i>	Age <i>30</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Washington D.C.</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James Shorter</i>				
Father's Name <i>George Woodburn</i>	Father's Birthplace <i>St. Mary's Md</i>				
Mother's Maiden Name <i>Margaret E. Thomas</i>	Mother's Birthplace <i>" " " "</i>				
Name of person giving information <i>Margaret E. Woodburn</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute General Peritonitis</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Darryl Kelley M.D.</i>
	Address <i>Acushnet Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Jimmiea Sims

Town

Laurel

County

Prince Geo

MARYLAND

Died at

Date

of death 1906

Month

Apr.

Day

6

Age

Years

70

Months

Days

Sex

female

Color or  
Race

black

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of death

—

Married, ~~Single~~Name of Wife or  
Husband

Frederick Sims

Father's  
Name

Cross

Father's  
Birthplace

Md

Mother's  
Maiden Name

Lucy

Mother's  
Birthplace

Md

Name of person giving  
Information

Frederick Sims

How related  
to deceased

husband

## CAUSES OF DEATH

Primary

Labor Pneumonia

How long

9 days

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

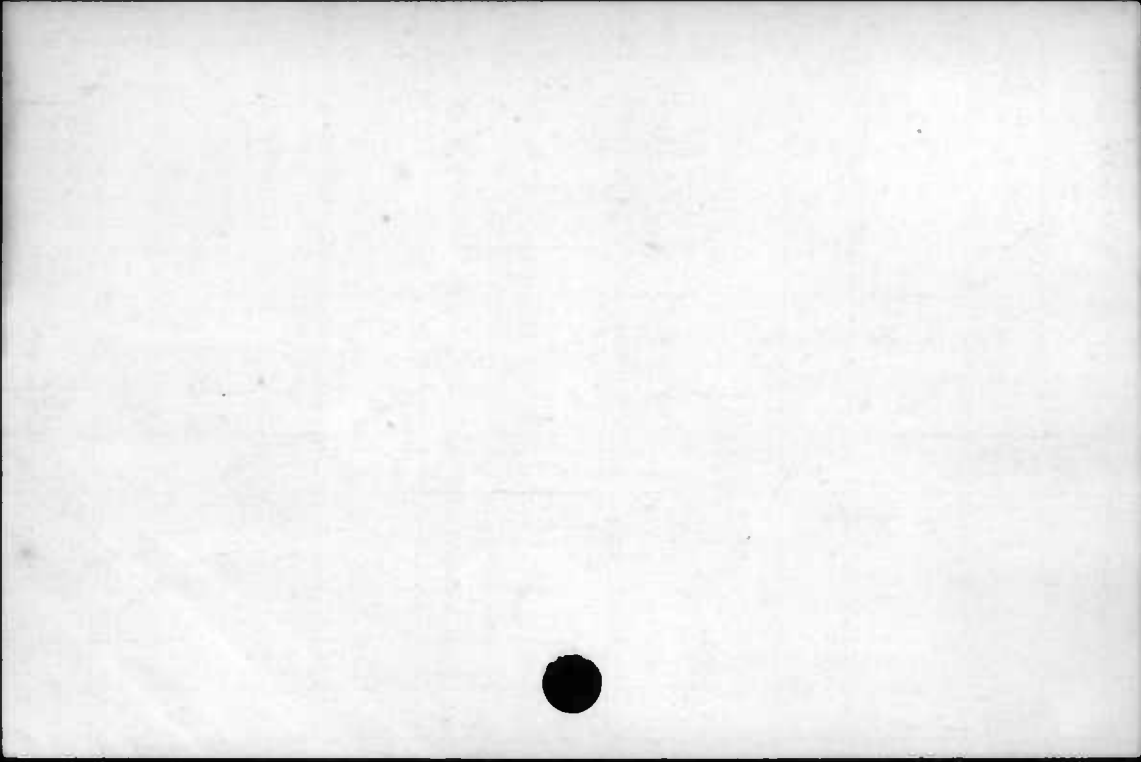
W. F. Taylor

Address

Laurel Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

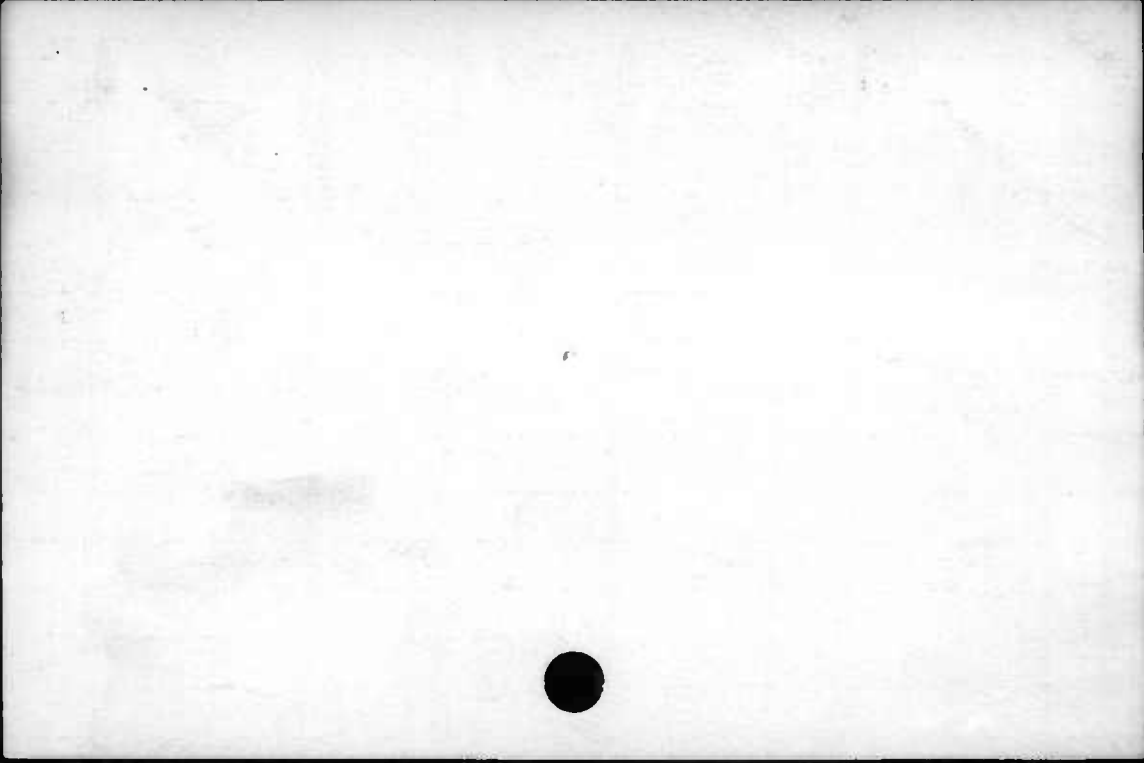
MARYLAND

Name in Full *Clarke Comery Taylor* Town *Laurel* County *Prince Geo.*  
 Died at *Laurel*  
 Date of death *1906 Apr 27* Age *2* Months *8* Days *9*  
 Sex *male* Color or Race *white* Birthplace *Ind*  
 Occupation *none* Where Residing if not at place of death *—*  
 Married, Single or Widowed *—* ~~Name of Wife or Husband~~  
 Father's Name *William Franklin Taylor* Father's Birthplace *Ind*  
 Mother's Maiden Name *Lina V. Bohme* Mother's Birthplace *Ind*  
 Name of person giving information *W F Taylor* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Meningitis* 11 How long *9 days*  
 Immediate *Eclampsia* How long *3 days*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W F Taylor*  
 Address *Laurel Ind*  
 Accident or Suicide? *—*



Name In Full

Certificate of Death

Paul E. Taylor

Died at Selisia Town Prince Geo County MARYLAND

Date 1906 Apr. 18 Month Day Y. M. D. Age 6 Native of Maryland Occupation Child

Male White Married Widower Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Charles Taylor

Mother's Name Grace Taylor

Cause of Death { Primary Meningitis

Immediate Asthenia

(61)

How long sick

two weeks

Accident, Suicide, Homicide

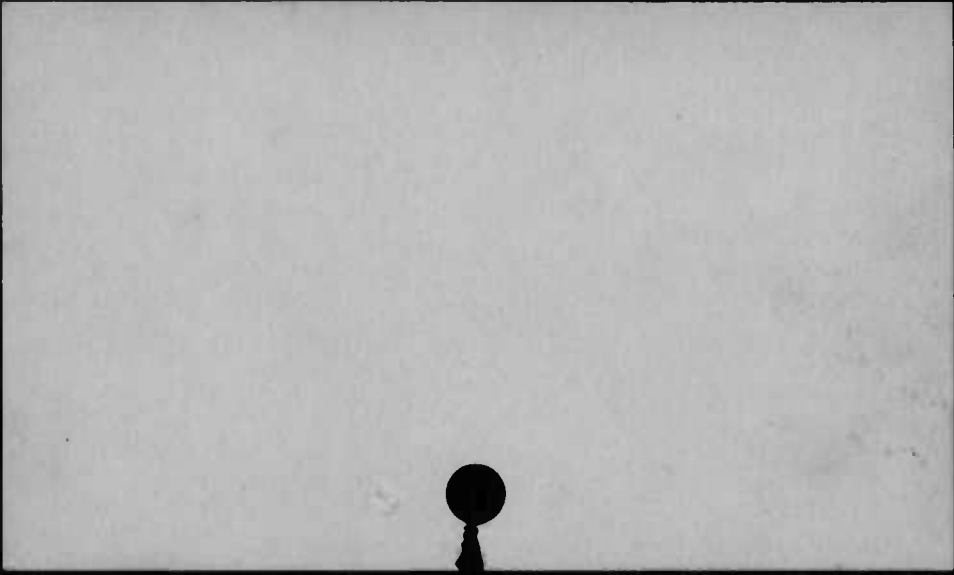
Reported by

Address

J. M. Parker M.D.

New Glatz Mor-d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

Anna E. Wells

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baden</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>4</i>	Day <i>26</i>	Age Years <i>26</i>	Months <i>5</i>	Days <i>21</i>
Sex <i>female</i>	Color or Race <i>White</i>	Birthplace <i>Port Tobacco</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband					
Father's Name <i>Samuel D. Wells</i>			Father's Birthplace <i>Port Tobacco</i>		
Mother's Maiden Name <i>Mary E. Fowler</i>			Mother's Birthplace <i>Worcester</i>		
Name of person giving information <i>Jas. A. Fowler</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>3 Yrs.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Morton Brown</i>
<i>Yes</i>	Address <i>Aquasco Md</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

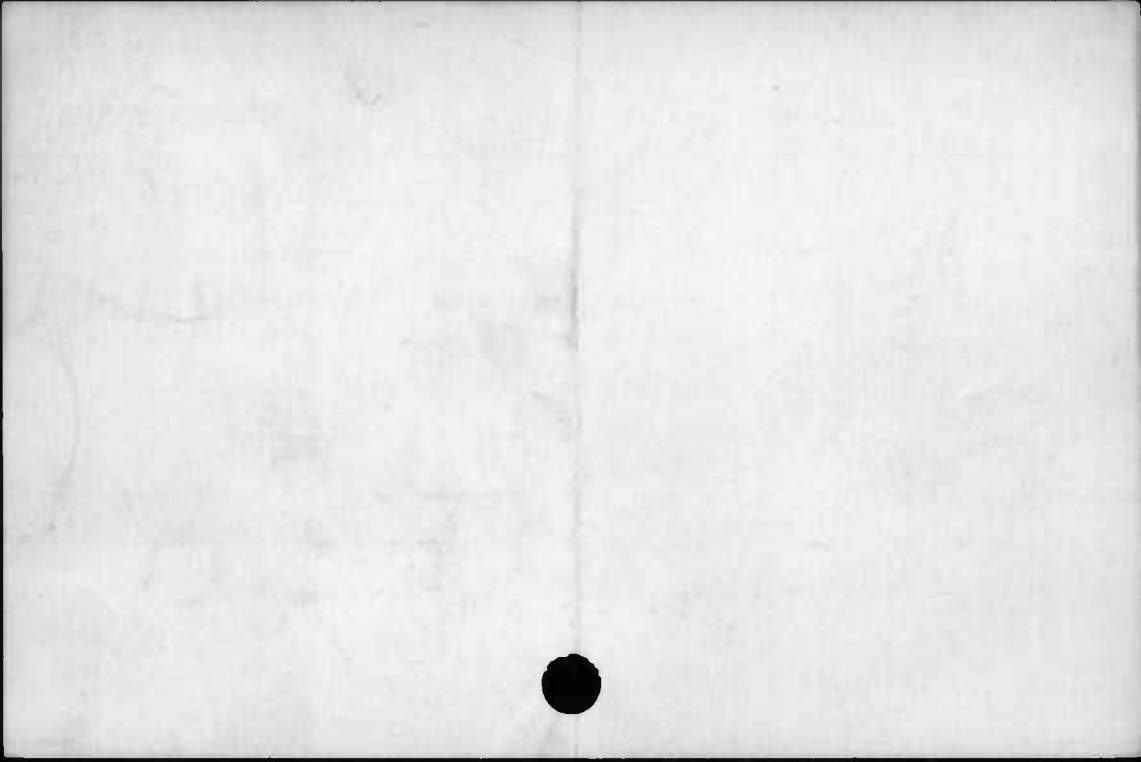
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Landon</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	1906	Month	April	Day	7
Sex	Boy	Color or Race	White	Age	11
Occupation		Birthplace	P. S. Co Ind		
Married, Single or Widowed		Where Residing if not at place of death			
Name of Wife or Husband					
Father's Name	<u>Franklin White</u>		Father's Birthplace	<u>P. S. Co, Ind</u>	
Mother's Maiden Name	<u>Lillian Darland</u>		Mother's Birthplace	<u>Scamptown, S. D.</u>	
Name of person giving information	<u>Lillian White</u>		How related to deceased	<u>Mother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pertussis</u>	How long	<u>3 weeks</u>
Immediate	<u>Coronary</u>	How long	<u>16 hours</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>L. S. Savage</u>	
Address		<u>Birmingham, D. C.</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Bertie Windsor

Town

County

MARYLAND

Died at Largo

Date

Month

Day

Years

Months

Days

of death 1906 April 5

Age

11

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Jacob Windsor

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Hutchinson

Mother's  
Birthplace

Md

Name of person giving  
Information

James Hutchinson

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 wks

Immediate

Exhaustion Brain fever

How long

48 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John E. Saucbury  
Freestree  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

